



State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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NICHOLAS A. TOUMPAS
COMMISSIONER

December 30, 2010

Representative Ken Weyler, Chairman
Fiscal Committee of the General Court
State House
Concord, NH 03301

Re: Dashboard – October 2010

Information

Pursuant to Chapters 143 (HB1) and 144 (HB2), Laws of 2009, the Department of Health and Human Services is providing this dashboard report. The purpose of this dashboard is to provide summary information on enrollments in several of the high cost programs managed by the Department. Enrollment in these programs is a significant cost driver and will impact funding needs for both the current fiscal year and for development of operating budgets for State Fiscal Years ending June 30, 2012, and 2013. This dashboard along with the quarterly report to the Fiscal Committee on expenditures for the Medicaid program provides a status on demand for services in entitlement programs.

Explanation

Chapter 144:39 (HB2), Laws of 2009, provided certain restrictions and authorities to the Department of Health and Human Services to address potential budget shortfalls. Specifically, paragraph I required prior approval of the Fiscal Committee of the general court and Governor and Council (G&C) for any change to program eligibility standards or benefit levels that might be expected to increase or decrease enrollment in the program. Paragraph III authorized the Commissioner to transfer funds, with the exception of class 060, benefits, within and among all PAUs within the Department, as the Commissioner deemed necessary and appropriate to address present or projected budget shortfalls subject to the approval of the Fiscal Committee and G&C. Chapters 143:9 and 143:13 (HB1), Laws of 2009, required the Department to provide a quarterly report of reductions made under these sections to the Fiscal Committee and G&C.

Individuals Enrolled For Services

It has been reported the recession, which began in December 2007, has ended. That does not mean enrollment in programs managed by the Department has declined or are expected to in the near future. Total unduplicated individuals enrolled in programs was 151,486 in October 2010 versus 117,464 when the recession began in December 2007. This represents an increase of 29% (33,761 individuals). The growth rate has, however, slowed. From June 2009 through March 2010 year-over-year enrollment increased 11+%; the first four months of SFY11 has seen that rate moderate to 6.6%.

Medicaid

An independent report commissioned by the Department titled "New Hampshire Medicaid Program Enrollment Forecast-SFY 2011-2013 Update" by Professors Ross Gittel and James Carter of the University of New Hampshire, Whittemore School of Business and Economics stated "...the number of New Hampshire residents who are officially unemployed was the most useful economic indicator in explaining annual changes in Medicaid enrollment" and more specifically ".....was most useful for explaining annual changes in enrollment for TANF adults and children."

Table A shows the relationship between the New Hampshire unemployment rate and enrollment in all programs. Unemployment has declined from a high of 7.1% in February 2010 to a rate of 5.4% and the growth rate in Medicaid enrollment has declined from a high of 10+% from August 2009 through December 2009 to a more moderate growth rate of 3.7% for the first four months of SFY11.

An improvement in employment does not, however, result in a decline in Medicaid enrollment, only a decline in the growth rate. The unemployment rate, when the recession began in December 2007, was 3.4% and Medicaid enrollment was 102,432. The unemployment rate was 5.4% for October 2010 and Medicaid enrollment is at 118,770. Medicaid enrollment remains 16.1% higher than it was when the recession began.

On a national level, a September 2010 report from Kaiser Commission on Medicaid and the Uninsured titled "Hoping for Economic Recovery, Preparing for Health Reform: A Look at Medicaid Spending, Coverage and Policy Trends" states "In the near future, even if the economy begins to improve at the national level, the impact of the recession for states will persist for several years. Looking forward to FY 2012, the State share of Medicaid spending will increase dramatically (by as much as 25 percent or more) due to the expiration of the enhanced FMAP on June 30, 2011; while state revenues are almost certain to remain below pre-recession levels."

Options for controlling Medicaid spending meanwhile are limited. Medicaid costs are a function of enrollment, utilization and rates. Rates have been reduced or frozen in past budget reduction programs, controlling utilization is restricted by State and federal regulation, and reducing enrollment through changes in eligibility criteria is prevented by the American Recovery and Reinvestment Act (ARRA) and federal health care reform, Patient Protection and Affordable Care Act (PPACA).

While the Department addresses this difficult fiscal challenge, we must also plan for the implementation of the Accountable Care Act (ACA) under which Medicaid will be expanded to cover nearly all individuals with incomes below 133 percent of poverty likely resulting in a large adult expansion, particularly adults without dependent children who had historically been barred from coverage under the program. Health reform will dramatically reduce the number of uninsured and provide access to new federal funding associated with expanded Medicaid coverage, but it will not be easy to implement.

FANF

Enrollment in Financial Assistance to Needy Families (FANF) is 13,615 in October 2010, 30% (2,916 individuals) higher than when the recess began and the demand for FANF services remains at historic highs. However, we are now seeing modest declines in the enrollment growth rate. From December 2008 through March 2010 year-over-year increases ranged from 12% to 27%. For the first four months of SFY11, the year-over-year growth rate was 2.1%.

APTD

Enrollment for Aid For the Permanently and Totally Disabled (APTD) in October 2010 was 8,656, which is 34.9% (2,239 individuals) higher than when the recession began. Growth rates have consistently been 10+%. For the first four months of SFY11, the year-over-year growth rate has moderated to 8.2%. The growth in enrollment mirrors a national trend as well. An ABC/AP news report in May 2010 reported "About 3.3 million people are expected to apply for benefits this year. That's 300,000 more than last year and 700,000 more than in 2008." According to the Social Security Administration, new claims for disability benefits rose nearly 17 percent nationwide in fiscal year 2009. A December 2009 article on MSNBC.com states "Advocates and officials say the rising claims are driven by two main factors: the aging of the baby boomer generation and the slumping economy. The average age of disability we see nationwide is 50, so the baby boomers have already reached their peak years of disability. That, by itself, has been driving up volume big-time over the past decade," said Jim Allsup, founder and CEO of Allsup Inc., a national disability representation firm. "Then they just went into the stratosphere because of the recession." An additional problem for the State's program is that this increase has caused the claim processing time for SSDI benefits to grow and delays in determining eligibility for SSDI lead to higher cash grants for APTD clients.

Elderly Long Term Care

Enrollment for long term care services (home care, assisted living, and nursing facility) was 7,437 in October 2010. Average caseload for the first four months of SFY11 was 2.4% lower than the first four months of SFY10. From June 2010 to current, enrollment in assisted living was unchanged at 388 clients. Enrollment in home care increased by 14 clients to 2,524. Medicaid nursing facility beds increased by 236 and are now at 4,523. Elderly enrollment for other Medicaid services was observed in the Gittell/Carter report. "Unexpectedly, the rate of elderly enrollment has been approximately 3% since the recession began and this is significantly above the longer-term trend of 1.7% observed between the 2001 and 2007 recession. This contrasts with previous analysis (Gittell & Magnusson, Jan 2010, Feb 2009, Aug 2008), which found no relationship between elderly enrollment and unemployment. This uptick in the enrollment rate for the elderly suggests that this population, while to a much smaller extent than the TANF Medicaid categories, was impacted by the recession."

Food Stamps

Enrollment in the Supplemental Nutrition Assistance Program (SNAP) has been increasing at unprecedented rates. Enrollment in October 2010 was 110,694, which represents an 80.2% increase (49,269 clients) since the recession began. While these benefits are paid with federal dollars, applications for SNAP place a burden on the Department's resources for eligibility determinations and SNAP trends manifest themselves in enrollment growth in state funded programs as SNAP clients exhaust resources and become eligible for state-funded programs.

Restructuring Administrative Organization

Appropriations for SFY10 and SFY11 anticipated reorganization and downsizing of the Department's organization by 10% to 12%. In January 2008, 196 positions were vacant for a vacancy rate of 5.9%. At September 30, 2010, there were 549 for a vacancy rate of 16.4% (Table D). This is a result of a Vacancy Management Plan implemented by the Department and the statewide layoff of October 2009. In SFY2000, the Department had a budget of \$1.2 billion and approx. 2,811 filled positions, which equates to a staffing ratio of 2.4 employees per million dollars of budget. The SFY2011 budget is \$2.1 billion and filled positions are 2,795 for a staffing ratio of 1.3. The total budget has increased at a rate of 6.3% per year; Medicaid caseloads, which are an indicator of total demand for services has grown by nearly 11% over the same period. Number of filled positions over the same period has grown at less than one-half of one percent. The high vacancy rate has and will continue to cause issues for completing critical tasks and will require elimination of functions/services not core to the Department's mission. A process for identifying those functions/services has been implemented. The magnitude of the reorganization provides one challenge and adding to that the requirement to deliver a specific amount of savings in each year makes the task even more difficult.

The Kaiser report noted above states "As states continue to grapple with historically difficult budget conditions, they must also plan for the implementation of the ACA which envisions new roles for Medicaid and for states. Some of the key challenges that states will face in implementing reform include implementing the Medicaid expansion, transitioning to a new income eligibility methodology for Medicaid, setting up Health Insurance Exchanges and re-designing eligibility systems to coordinate with the Exchanges. These challenges are magnified by recent administrative cuts and state workforce reductions limiting states' capacity to focus on new responsibilities. Many states said that they need timely regulations and guidance, as well as financial support to help them move forward and meet tight implementation timelines."

Appropriations

When the current biennium began on July 1, 2009, the Department faced significant challenges in funding needs with available appropriations and initiated cost reduction initiatives to address funding challenges in federal entitlement programs. Total general funds needed to deliver the required budget reductions and fund the estimated shortfalls in entitlement programs was consistently projected at +/- \$40 million per year for SFY10 and SFY11. In addition to funding the shortfalls noted above, the Department identified SFY11 cost reductions to address the statewide funding issues, which were included in the Governor's Executive Order and SSHB1-A. These funding issues were resolved in three cost reduction initiatives implemented by the Department. Based on current caseload and cost projections, the Department is expecting sufficient funding for SFY11.

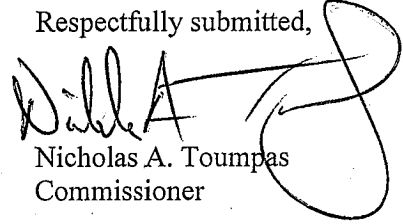
Summary

The unknown fiscal issue for the Department is: What impact will an economic recovery have on enrollment and cost of programs managed by the Department. Stateline.org reported "In past economic downturns, states' toughest budget years have been the two years immediately after a recession is "declared over." That's because, by then, Medicaid rolls have swelled as more people lose their jobs and their health insurance, even as state revenues continue to lag."

The Department and State government as a whole are faced with significant challenges. For SFY10 and SFY11, the Department was proactive in addressing these fiscal issues and was able to offset program shortfalls by savings in other areas. In the long term, implementation of new technologies and changes in delivery systems must provide improvements in efficiency and effectiveness. Following is a short summary of initiatives that have been accomplished or are underway.

The fiscal challenges, however, have and will continue to require difficult decisions, a clear definition of what constitutes a New Hampshire health and human service safety net, and exploration of more efficient methods to deliver services. This message has been conveyed to stakeholders, both providers and advocates, and Legislative action will be required to authorize cost reduction/restructuring plans to address these funding issues for the next biennium. Following is a summary of initiatives implemented to date.

Respectfully submitted,


Nicholas A. Toumpas
Commissioner

Enclosures

cc: The Honorable Kenneth Weyler, Chairman, House Finance Committee
The Honorable Chuck W. Morse, Chairman, Senate Finance Committee
The Honorable John Reagan, Chairman, Health and Human Services Oversight Committee
The Honorable Jeb Bradley, Chairman, Senate Health and Human Services Committee
His Excellency, Governor John H. Lynch
The Honorable Raymond S. Burton
The Honorable Dan St. Hilaire
The Honorable Chris Sununu
The Honorable Raymond J. Wieczorek
The Honorable David Wheeler
The Honorable Neal Kurk
The Honorable William O'Brien
The Honorable Peter Bragdon

**Department of Health and Human Services
Status of Transformation Initiatives
November 2010**

Purpose

The mission of the Department is to join communities and families in providing opportunities for citizens to achieve health and independence. The Department has embarked on a number of initiatives to increase the value of services provided to clients, taxpayers and other stakeholders by improving services or reducing the cost of delivery of those services through:

- Coordination of federal, state and local resources
- Review and modification, as appropriate, of the service delivery systems
- Utilization of technology
- Elimination of redundant functions or functions that do not add value

This document summarizes the efforts made in this process.

Permanency of Children

A significant accomplishment has been the shift from measuring outputs ("How many children have been served?") to outcomes ("How many children are better off as a result of the services they have received?"). DCYF and community partners have made significant progress in reforming the state's child system, including reuniting children with their families, finding permanent homes when that's not possible, and providing additional support services. We have made these significant shifts through a combination of established quality reviews and monitoring of practice, and focused initiatives, which has allowed DCYF to demonstrate improved outcomes for children and families while also assuring fiscal efficiencies and decreased costs. Accomplishments include adoptions have increased over 200% since 1998 and the number of children in out-of-home placements has significantly decreased:

2004	2005	2006	2007	May 08	May 09	May 10	Sept 10
1,477	1,490	1,455	996	952	870	754	672

Sununu Youth Services Center (SYSC) Accreditation

In August 2010, the American Correctional Association (ACA) accredited SYSC. The accreditation program is a professional peer review process based on national standards developed by national leaders in the field and used by over 1,500 agencies in the United States. SYSC received a score of 100% compliance on 33 mandatory standards and 98.3% compliance on 455 non-mandatory standards, making it one of the finest facilities of its kind in the United States. Additionally, SYSC adopted the Council of Juvenile Correctional Administrators (CJCA) Performance Based Standards Initiative (PbS) System as the framework for continuous process improvement at the Sununu Youth Services Center and began reporting as a program participant.

RFI Managed Care

A Request for Information (RFI) has been issued seeking information on options or possible managed care solutions for the Medicaid population that demonstrates value and innovation. This RFI was released in order to gather input and suggestions to allow NH to assess the feasibility of transitioning from the current fee for service; assess stakeholder interest and collect suggestions and recommendations that could be used in developing a Request for Proposal (RFP). A similar RFI was issued to explore strategies to improve the administrative and operational components of the current fee for service Medicaid dental program.

Status of Transformation Initiatives continued

Eligibility Determination Process - The Department has embarked on a number of initiatives to improve the timeliness, cost-effectiveness, and ease of use for determining client eligibility for services. Digital imaging has begun with the objective to have all eligibility documents digitized. This will allow transfer of work among work groups as workloads shift and allow the development of technical support teams located anywhere in the state to assist eligibility determination staff on cases that are error prone or require special knowledge. The Department is currently reviewing the possibility of allowing clients to make application or inquiries via the internet or telephone.

LEAN Process

The Department was a leader in implementing the LEAN process in New Hampshire state government. Many staff and managers have completed the Lean Fundamentals training and projects completed to date include: Timeliness of APTD Eligibility Determinations estimated to save \$ 1.2 million measured as cost avoidance and efficiency gains, Access Front Door to design the future of client services access to DHHS services, Efficiency & Timeliness of the WIC supplier application process projected to save \$9K each year and shorten the timeline for the supplier application process, Document Imaging discussed below, Centralizing Long Term Care Financial Eligibility, and Legislature's JLCAR process for promulgating rules.

Redesign of Internal Processes

Many units within the Department are redesigning business models. One example is the Office of Improvement & Integrity (OII), which is responsible for reducing financial fraud, waste, and abuse in the public assistance programs. Several functions were moved from program divisions to OII in an effort to find synergisms among the functions. Historically, these functions worked on a pay and chase process, in which claims were paid then OII would attempt to identify the errors and chase recoveries. OII is now moving its efforts to Front End Detection (FRED) to identify problems early on and reduce or eliminate the need to chase recoveries. Examples include the VA outreach project where the Department initiated a program to work with the State Office of Veterans Services to identify and assist veterans on Medicaid to receive federally funded services, the pharmacy co-pay project where Medicaid will pay for client prescription co-payments to allow them access to their private mail order services, the Error Review Group through which OII and eligibility determination staff meet to identify common problems in the eligibility determination process and work collaboratively on corrective action to reduce the error rate, and the recent state-wide roll out of the special investigations FRED initiative. All of these are designed to identify and fix weaknesses in the financial systems to prevent errors rather than focusing on fixing the errors after they occur.

Improvements In Procurement

The Department continues to review procurement practices to improve cost-effectiveness. Recent changes include: preferred provider contracting for incontinence supplies, new pharmacy benefit management program that will enable greater e-prescribing, consumer directed services expansion for developmental services, prior authorization of services in elder care, innovations in community passport program. Office of Medicaid Business and Policy (OMBP) issued a Request for Information (RFI) to respondents that distribute and/or supply Durable Medical Equipment (DME) products, services, and supplies, and those in the community who have an interest in ensuring that NH Medicaid's DME program is as efficient as possible. The purpose of the RFI was to gather information from professionals in the DME industry to assist OMBP in the development of one or more Request-for-Proposals (RFP) that will be issued in the future.

DEPARTMENT OF HEALTH AND HUMAN SERVICES



OPERATING STATISTICS DASHBOARD

DATA THROUGH OCTOBER 2010

SFY11

Prepared November 17, 2010

	A	B	C	D	E	F	G	H
1	Department of Health and Human Services							
2	Budget Management-SFY 2011							
3	Last Updated 11/17/10							
4			<i>Figures Rounded to \$000</i>		Surplus (Shortfall) September Projected Net of Action Taken	Surplus (Shortfall) October Projected Net of Action Taken		Reference Table
5	Shortfalls & Mandated Reductions							
6		GH	Footnote Reduction Ch 143:13 (HB1)		(\$300)	(\$300)		
7		DHHS	Footnote Reduction SSHB-1A		(\$1,016)	(\$1,016)		
8		DHHS	Contract Reductions		(\$3,000)	(\$3,000)		
9		DCYF	Litigation-Residential Rate Settlement					
10		DHHS	OIG DSH Audit					
11		DHHS	Frozen Positions		\$3,296	\$3,296		
12		DHHS	Other Vacancy Savings					
13								
14		Potential Program Surplus (Shortfall)						
15		OMBP	Caseloads-Medicaid Provider Payments (incl Catastrophic), Drugs,		\$4,512	\$4,480		B, J
16		OMBP	CHIP		(\$149)	(\$131)		J
17		OMBP	Outpatient		\$2,857	\$3,066		J
18		OMBP	FQHC Reimbursement to comply with ARRA					
19		BEAS	Medical Assistance		\$797	\$1,096		
20								
21		BEAS	Nursing Facilities		\$0	\$0		H
22		BEAS	Nursing Facilities-Rate Reduction January 2010		\$0	\$0		
23		BEAS	Home Health		\$1,261	\$1,105		H
24		BEAS	Home Support		(\$260)	(\$367)		H
25		BEAS	Mid-level		\$384	\$773		H
28								
29		BBH	Caseloads-BBH					G
30		DFA	CaseloadsTANF Reserve					C, F & K
31		DFA	Caseloads-FANF		(\$1,697)	(\$1,068)		
32		DFA	Caseloads-APTD		(\$5,790)	(\$3,948)		F & K
33		DFA	Caseloads-ANB		\$34	\$64		
34		DFA	Caseloads-OAA		(\$288)	(\$87)		
35		DFA	Caseloads-Emergency Assistance		\$196	\$199		
37								
38		children	DJJS/DCYF Residential Services					E
39		DCYF	Child care SFY10 subsidy		\$800	\$800		
40		DCYF	Child care above the \$800		\$1,481			
41			Other Items					
42								
43			Sub-total Shortfalls & Mandated Reductions		\$3,116	\$4,961		
44								
45								
46		Totals			\$3,116	\$4,961		
47								
48	Note: Projected Surplus (Deficit) assumes experience of first quarter continues for balance of year.							
49								

Table A
Department of Health and Human Services
Caseload vs Unemployment Rate

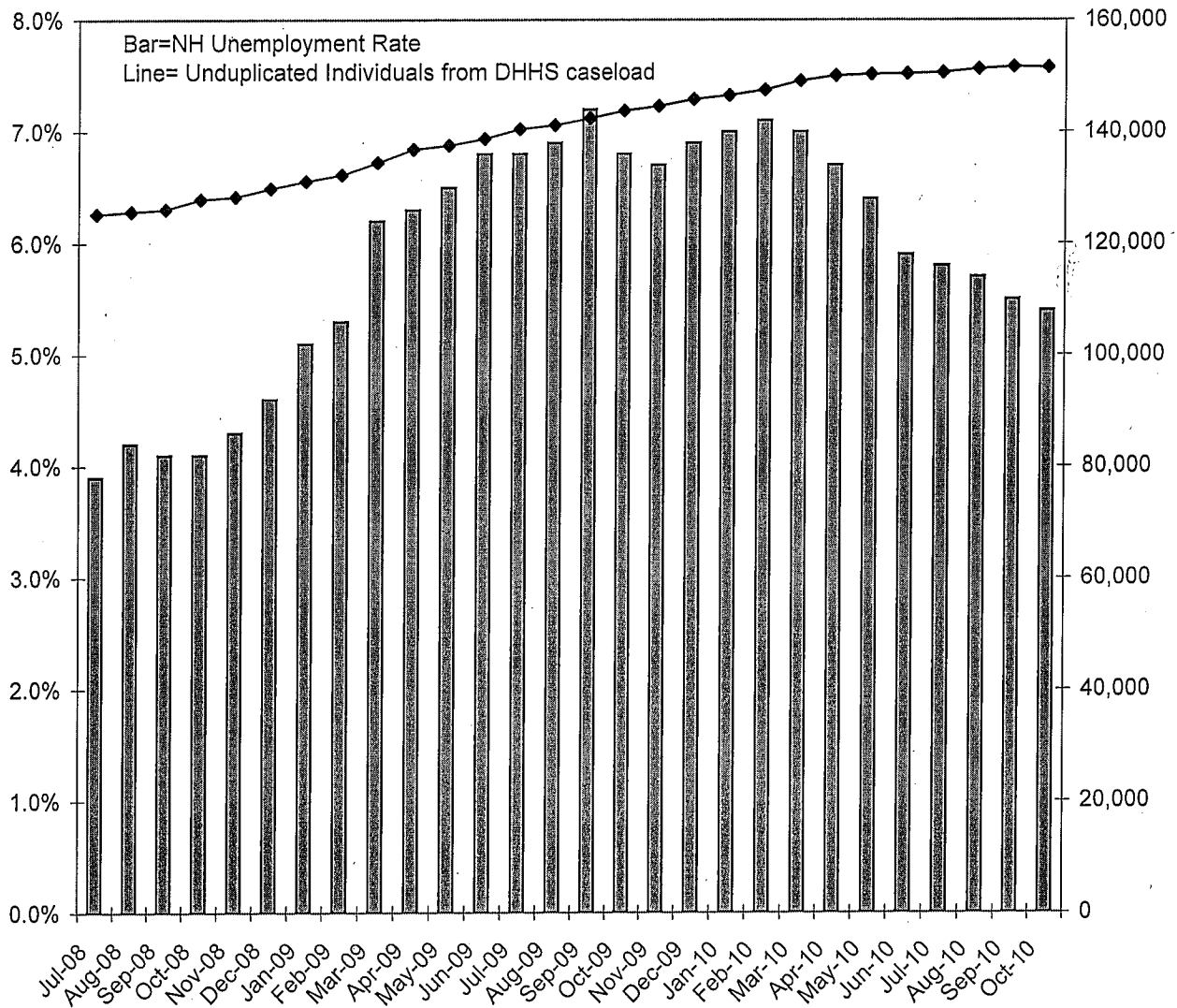


Table B
Department of Health and Human Services
Medicaid Caseloads (Individuals)

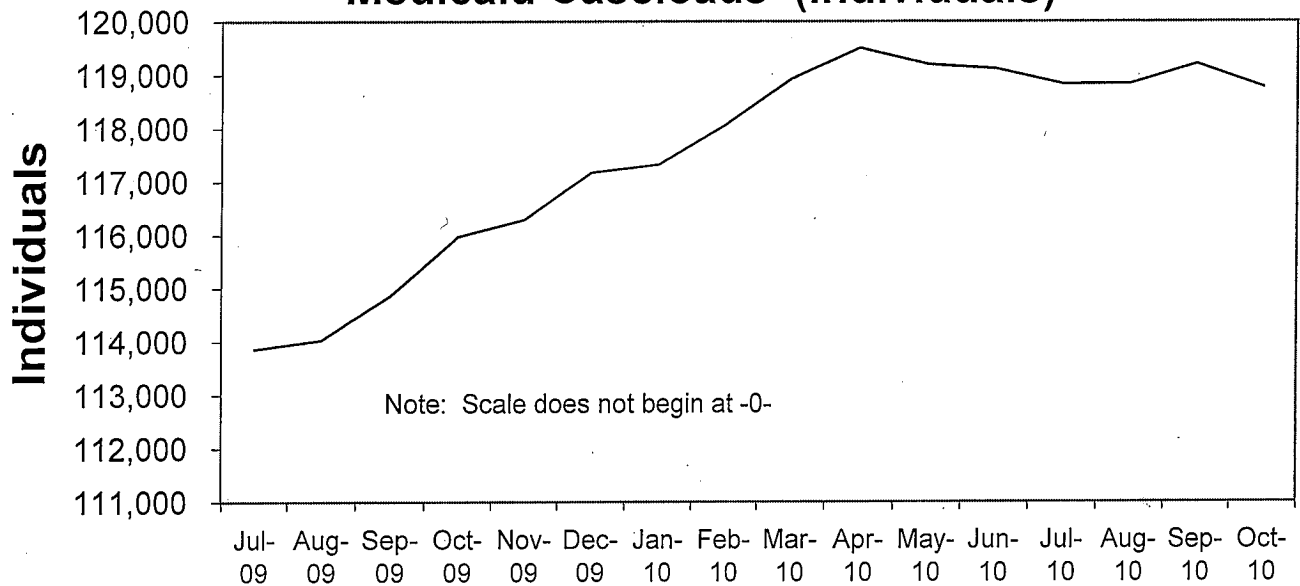


Table C
Department of Health and Human Services
TANF Caseloads (Individuals)

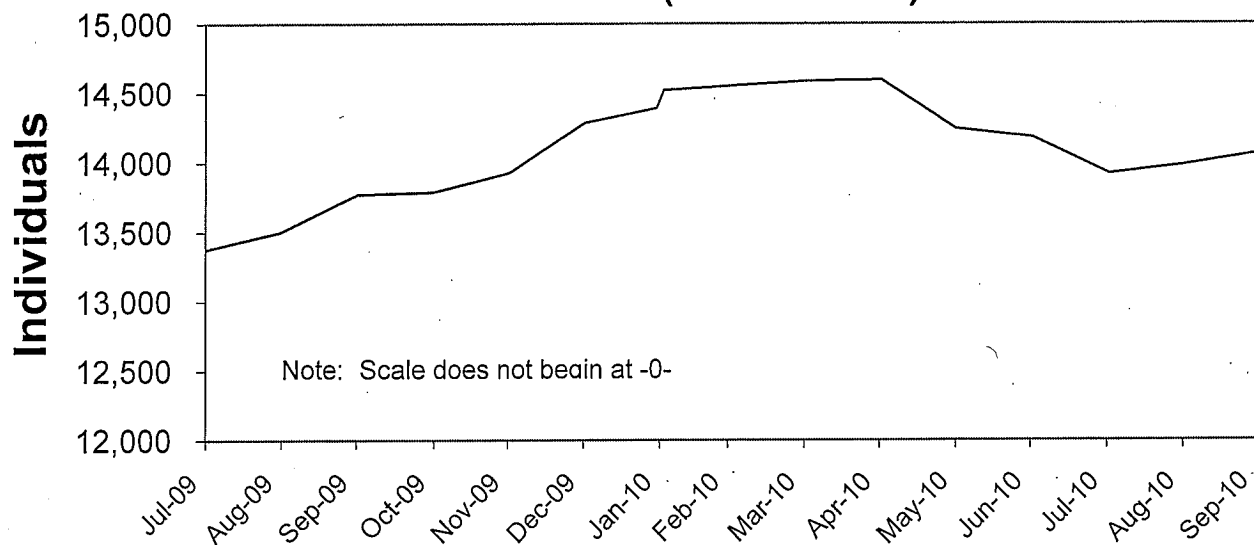
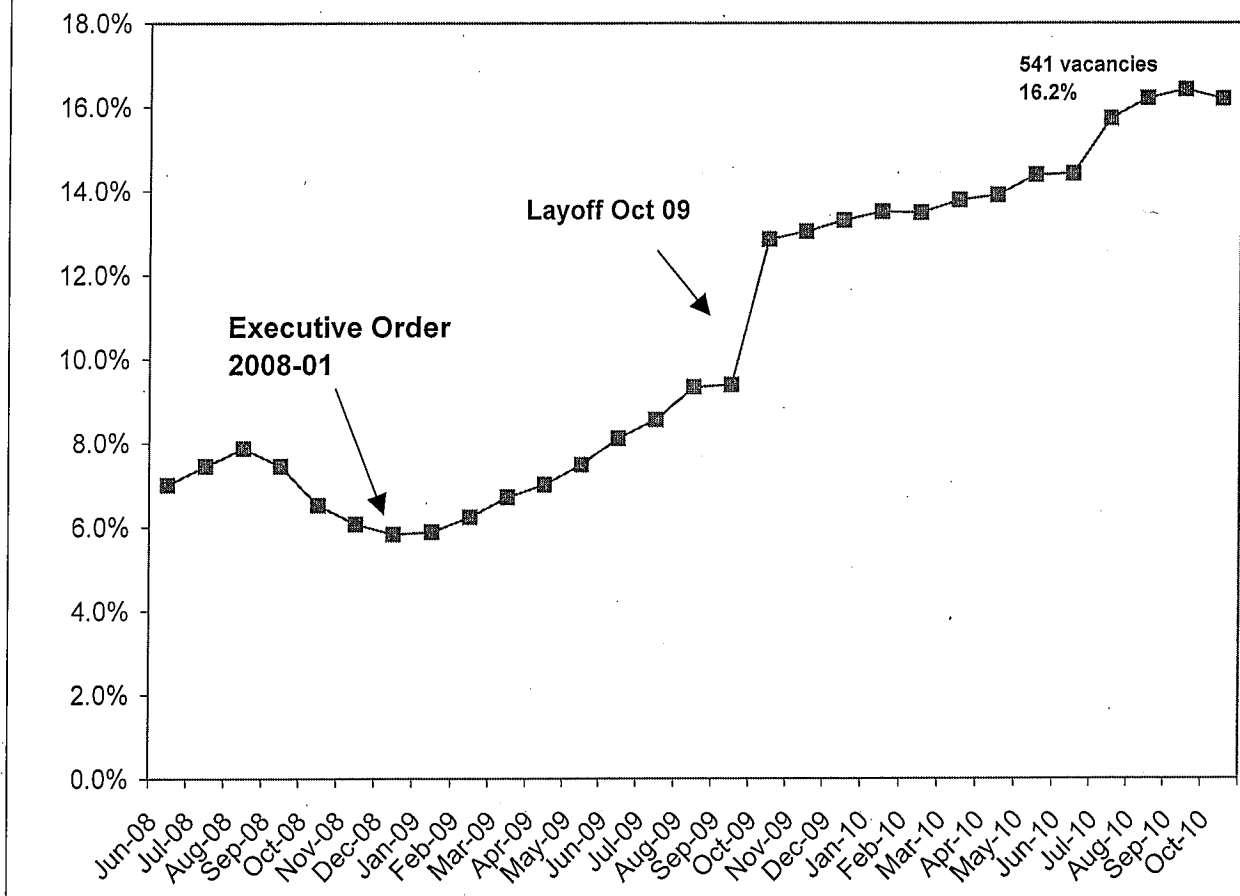


Table D
Department of Health and Human Services
Position Vacancy Rate



	A	B	C	D	E	F	G	H
1	Table E							
2	Department of Health and Human Services							
3	Operating Statistics							
4	Children In Services							
5								
6		DCYF	DCYF	Family Foster	Residential	Child Care	Child Care	SYSC
7		Referrals	Assessments	Care	Placement	Emplmnt	Wait List	Secure
8				Placement		Related		Census
9		Actual	Actual	Actual	Actual	Actual	Actual	Actual
10								
11	Jul-08	957	612	811	543	7,769		98
12	Aug-08	892	571	824	535	7,410		96
13	Sep-08	1,176	706	813	497	7,351		91
14	Oct-08	1,150	690	770	535	7,901		85
15	Nov-08	930	558	758	557	7,565		81
16	Dec-08	953	581	760	546	7,848		77
17	Jan-09	1,118	637	777	525	7,804		76
18	Feb-09	977	596	769	487	7,558		67
19	Mar-09	1,223	651	783	517	7,700		75
20	Apr-09	1,262	782	771	525	8,045		77
21	May-09	1,133	748	779	536	8,034		77
22	Jun-09	1,138	706	791	544	8,023		76
23	Jul-09	957	545	747	462	8,419		76
24	Aug-09	958	622	766	441	7,567		66
25	Sep-09	1,130	678	766	415	8,268		57
26	Oct-09	1,123	650	760	438	8,003	459	63
27	Nov-09	1,009	607	725	469	7,486	750	64
28	Dec-09	1,040	613	717	474	7,610	981	64
29	Jan-10	1,205	723	706	464	6,830	1,198	64
30	Feb-10	962	587	710	454	6,646	1,499	59
31	Mar-10	1,363	859	724	461	6,512	1,694	62
32	Apr-10	1,255	792	700	484	5,831	1,889	68
33	May-10	1,227	760	701	478	5,748	2,065	61
34	Jun-10	1,128	750	706	475	5,496	2,305	57
35	Jul-10	987	638	663	424	5,041	2,386	55
36	Aug-10	1,012	659	646	413	4,903	2,508	53
37	Sep-10	1,182	691	627	400	4,769	2,666	50
38	Oct-10	1,110	651	625	414	4,407	2,505	57
39	Nov-10							
40	Dec-10							
41	Jan-11							
42	Feb-11							
43	Mar-11							
44	Apr-11							
45	May-11							
46	Jun-11							
47								
48	Source of Data							
49	Column							
50	B	DCYF Benchmark Report: Bridges.						
51	C	DCYF Assessment Supervisory Report: Bridges.						
52	D	Bridges placement authorizations during the month, unduplicated.						
53	E	Bridges placement authorizations during the month, unduplicated.						
54	F	Bridges Expenditure Report, NHB-OAR8-128						
55	G	Child Care Wait List Screen: New Heights						
56	H	Bridges Service Day Query - Bed days divided by days in month						

	A	B	C	D	E	F	G	H
1	Table F							
2	Department of Health and Human Services							
3	Operating Statistics							
4	Social Services							
5								
6		FANF	APTD Persons	Food Stamps Persons	Child Support Cases			
7					Current Cases	Former Cases	Never Cases	Total Cases
8								
9		Actual	Actual	Actual	Actual	Actual	Actual	Actual
10	Jul-08	10,539	6,905	64,961	4,838	17,718	12,937	35,493
11	Aug-08	10,851	6,793	65,380	4,925	17,618	12,975	35,518
12	Sep-08	10,911	7,052	66,087	4,877	17,614	13,031	35,522
13	Oct-08	11,314	7,144	68,114	4,876	17,631	13,040	35,547
14	Nov-08	11,630	7,168	69,380	5,146	17,490	13,068	35,704
15	Dec-08	11,984	7,245	71,544	5,231	17,492	13,102	35,825
16	Jan-09	12,347	7,299	73,617	5,619	17,105	13,067	35,791
17	Feb-09	12,452	7,356	74,708	5,853	16,916	13,061	35,830
18	Mar-09	12,515	7,453	77,441	5,679	17,072	13,030	35,781
19	Apr-09	13,308	7,544	79,276	5,638	17,042	13,074	35,754
20	May-09	13,230	7,630	81,376	5,983	16,775	13,037	35,795
21	Jun-09	13,236	7,758	83,789	5,890	16,866	13,078	35,834
22	Jul-09	13,377	7,855	86,848	5,782	16,915	13,059	35,756
23	Aug-09	13,498	7,935	89,211	5,804	16,931	13,092	35,827
24	Sep-09	13,771	8,022	91,820	6,037	16,742	13,050	35,829
25	Oct-09	13,787	8,127	94,750	5,440	17,229	12,976	35,645
26	Nov-09	13,927	8,221	96,745	5,447	17,345	13,027	35,819
27	Dec-09	14,288	8,288	99,238	5,730	17,101	13,021	35,852
28	Jan-10	14,392	8,337	101,013	5,866	16,973	12,931	35,770
29	Feb-10	14,522	8,412	102,777	5,835	16,982	12,952	35,769
30	Mar-10	14,587	8,481	105,100	5,550	17,218	12,991	35,759
31	Apr-10	14,596	8,557	106,312	5,608	17,240	13,002	35,850
32	May-10	14,244	8,556	108,132	5,764	17,043	13,063	35,870
33	Jun-10	14,181	8,615	108,677	5,541	17,305	13,084	35,930
34	Jul-10	13,920	8,617	109,131	5,550	17,304	13,123	35,977
35	Aug-10	13,981	8,643	109,950	5,758	17,120	13,138	36,016
36	Sep-10	14,065	8,650	110,588	5,508	17,374	13,072	35,954
37	Oct-10	13,615	8,656	110,694	5,726	17,177	13,051	35,954
38	Nov-10							-
39	Dec-10							-
40	Jan-11							-
41	Feb-11							-
42	Mar-11							-
43	Apr-11							-
44	May-11							-
45	Jun-11							-
46								
47	Source of Data							
48	Column							
49	B	Office of Research & Analysis, Ca						
50	C	Budget Document						
51	D	Budget Document						
52	E	Office of Research & Analysis, Ca						
53	F	Office of Research & Analysis, Ca						
54	G-J	DCSS Caseload (Month End Actu						

	A	B	C	D	E	F	G	H	I
1	Table G								
2	Department of Health and Human Services								
3	Operating Statistics								
4	Community Mental Health Center Medicaid								
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25									
26									
27		Monthly Cost	Weekly Average Cost	Medicaid Client Trending Report					
28		Actual	Actual	Current Date: 10/5/10					
29	Jul-08	\$ 6,311,592	\$ 1,786,186	Note: All figures are year-to-date					
30	Aug-08	\$ 9,060,431	\$ 1,786,186						
31	Sep-08	\$ 6,813,073	\$ 1,786,186	ACTUALS - YTD					
32	Oct-08	\$ 8,722,359	\$ 1,786,186	FISCAL YEAR	QTR 1	QTR 2	QTR 3	QTR 4	
33	Nov-08	\$ 7,281,246	\$ 1,786,186	2007	10,659	13,047	15,019	16,900	
34	Dec-08	\$ 6,584,490	\$ 1,786,186	2008	11,016	13,553	15,497	17,392	
35	Jan-09	\$ 7,791,018	\$ 1,786,186	2009	12,014	14,693	16,849	19,206	
36	Feb-09	\$ 7,859,676	\$ 1,786,186	2010	13,240	16,187	18,580	20,797	
37	Mar-09	\$ 7,546,023	\$ 1,786,186	2011	13,480				
38	Apr-09	\$ 7,525,722	\$ 1,786,186	BUDGETED - YTD					
39	May-09	\$ 9,453,927	\$ 1,786,186	FISCAL YEAR	QTR 1	QTR 2	QTR 3	QTR 4	
40	Jun-09	\$ 7,932,110	\$ 1,786,186	2010	11,751	14,371	16,480	18,785	
41	Jul-09	\$ 8,705,651	\$ 1,822,441	2011	12,541	15,333	17,599	19,699	
42	Aug-09	\$ 7,515,041	\$ 1,822,441	2012					
43	Sep-09	\$ 7,341,231	\$ 1,822,441	2013					
44	Oct-09	\$ 9,478,660	\$ 1,822,441	VARIANCE: BUDGETED TO ACTUAL - YTD					
45	Nov-09	\$ 7,210,157	\$ 1,822,441	FISCAL YEAR	QTR 1	QTR 2	QTR 3	QTR 4	
46	Dec-09	\$ 7,001,226	\$ 1,822,441	2010	1,489	1,816	2,100	2,012	
47	Jan-10	\$ 8,251,903	\$ 1,822,441	2011	939				
48	Feb-10	\$ 7,558,246	\$ 1,822,441						
49	Mar-10	\$ 7,396,380	\$ 1,822,441						
50	Apr-10	\$ 9,184,950	\$ 1,822,441						
51	May-10	\$ 7,467,414	\$ 1,822,441						
52	Jun-10	\$ 7,656,058	\$ 1,822,441						
53	Jul-10	\$ 7,988,373	\$ 1,691,145						
54	Aug-10	\$ 7,136,649	\$ 1,691,145						
55	Sep-10	\$ 6,629,711	\$ 1,691,145						
56	Oct-10	\$ 8,685,885	\$ 1,691,145						
57	Nov-10								
58	Dec-10								
59	Jan-11								
60	Feb-11								
61	Mar-11								
62	Apr-11								
63	May-11								
64	Jun-11								
65									

	A	B	C	D	E	F	G	H	K	L	M
1	Table H										
2	Department of Health and Human Services										
3	Operating Statistics										
4	Long Term Care										
5											
6		Total Nursing Clients		BEAS Home	BEAS	BEAS Nursing Beds		Pct in NF	SSBG	Devl. Serv.	Devl. Serv.
7		Actual	Budget	Care	Midlevel	Actual	Budget		AIHC	Priority #1	ABD Waitlist
8									Waitlist	DD Waitlist	Waitlist
9	Jul-08	6,954		2,573	304	4,077		58.6%			
10	Aug-08	7,128		2,591	342	4,195		58.9%			
11	Sep-08	7,160		2,583	303	4,274		59.7%		158	15
12	Oct-08	7,413		2,631	333	4,449		60.0%			
13	Nov-08	7,129		2,583	339	4,207		59.0%			
14	Dec-08	7,041		2,580	311	4,150		58.9%		181	19
15	Jan-09	7,243		2,571	328	4,344		60.0%			
16	Feb-09	7,428		2,564	323	4,541		61.1%			
17	Mar-09	7,491		2,563	333	4,595		61.3%		187	19
18	Apr-09	7,216		2,584	356	4,276		59.3%			
19	May-09	7,349		2,634	298	4,417		60.1%			
20	Jun-09	7,487		2,685	324	4,478		59.8%		218	16
21	Jul-09	7,613		2,672	343	4,598		60.4%			
22	Aug-09	7,323		2,648	355	4,320		59.0%			
23	Sep-09	7,169		2,632	367	4,170		58.2%	20	37	0
24	Oct-09	7,452	7,516	2,582	371	4,499	4,129	60.4%	29		
25	Nov-09	7,273	7,516	2,572	361	4,340	4,129	59.7%	20		
26	Dec-09	7,027	7,516	2,517	345	4,165	4,129	59.3%	23	19	0
27	Jan-10	7,312	7,516	2,545	364	4,403	4,129	60.2%	24	19	0
28	Feb-10	7,214	7,516	2,523	341	4,350	4,129	60.3%	12	19	0
29	Mar-10	7,341	7,516	2,538	382	4,421	4,129	60.2%	15	47	0
30	Apr-10	7,367	7,516	2,532	372	4,463	4,129	60.6%	17	47	0
31	May-10	7,174	7,516	2,535	368	4,271	4,129	59.5%	20	47	0
32	Jun-10	7,185	7,516	2,510	388	4,287	4,129	59.7%	22	20	0
33	Jul-10	7,443	7,740	2,541	384	4,518	4,063	60.7%	5	40	0
34	Aug-10	7,098	7,740	2,494	389	4,215	4,063	59.4%	1	13	0
35	Sep-10	6,847	7,740	2,513	365	3,969	4,063	58.0%	0	9	0
36	Oct-10	7,437	7,740	2,524	388	4,523	4,063	60.8%	0	21	1
37	Nov-10							#DIV/0!			
38	Dec-10							#DIV/0!			
39	Jan-11							#DIV/0!			
40	Feb-11							#DIV/0!			
41	Mar-11							#DIV/0!			
42	Apr-11							#DIV/0!			
43	May-11							#DIV/0!			
44	Jun-11							#DIV/0!			
45											
46	Source of Data										
47	Columns										
48	F	Monthly report prepared for Private and County Nursing Home Associations									
49		based on MDSS reports.									
50		*Actual Nursing Home Beds = the number of paid bed days in the month -/-									
51		by the number of days in the previous month.									
52											
53	L & M	Represent the number of individuals waiting at least 90-days for DD or ABD									
54		Waiver funding.									

	A	B	C	D	E	F	G	H	I	J	K
1	Table I										
2	Department of Health and Human Services										
3	Operating Statistics										
4	Shelter & Institutions										
5											
6		NHH				BHHS					Glenclyff
7		APS & APC Census	APS & APC Admissions	THS Census		Individual Bednights	% of		Family Bednights	% of	GH Census
8		Actual	Actual	Actual	Capacity	Actual	Capacity	Capacity	Actual	Capacity	Actual
9											
10	Jul-08	188	194	37							107
11	Aug-08	200	196	35							108
12	Sep-08	195	155	35							108
13	Oct-08	180	192	36							106
14	Nov-08	181	179	40							103
15	Dec-08	178	169	40							103
16	Jan-09	177	189	42							102
17	Feb-09	181	177	39							101
18	Mar-09	171	210	38							106
19	Apr-09	185	201	39							108
20	May-09	178	215	39							107
21	Jun-09	183	201	39							107
22	Jul-09	179	182	41	11,620	9,626	83%	1,050	1,025	98%	109
23	Aug-09	168	187	42	9,296	8,127	87%	840	739	88%	111
24	Sep-09	177	191	39	9,296	7,988	86%	840	800	95%	111
25	Oct-09	175	205	39	11,760	11,108	94%	910	976	107%	110
26	Nov-09	159	192	40	9,408	9,028	96%	728	742	102%	110
27	Dec-09	147	162	40	10,320	9,027	87%	858	877	102%	110
28	Jan-10	158	202	38	10,584	9,160	87%	806	649	81%	109
29	Feb-10	171	194	35	10,808	10,124	94%	728	674	93%	110
30	Mar-10	165	225	40	11,666	9,408	81%	806	588	73%	108
31	Apr-10	169	237	39	10,680	8,837	83%	780	605	78%	110
32	May-10	163	221	37	11,036	8,559	78%	806	689	85%	110
33	Jun-10	163	182	41	10,680	8,577	80%	780	686	88%	111
34	Jul-10	148	178	41	11,408	8,444	74%	806	595	74%	112
35	Aug-10	145	185	41	10,304	7,523	73%	728	599	82%	112
36	Sep-10	146	184	42	11,040	8,032	73%	780	688	88%	112
37	Oct-10	145	191	43	10,757	8,668	81%	780	687	88%	112
38	Nov-10										
39	Dec-10										
40	Jan-11										
41	Feb-11										
42	Mar-11										
43	Apr-11										
44	May-11										
45	Jun-11										
46											
47											
48	Source of Data										
49	Column										
50	B	Daily in-house midnight census averaged per month									
51	C	Daily census report of admissions totalled per month									
52	D	Daily in-house midnight census averaged per month									
53	E	Total number of individual bednights available in emergency shelters									
54	F	Total number of individual bednights utilized in emergency shelters									
55	G	Percentage of individual bednights utilized during month									
56	H	Total number of family bednights available in emergency shelters									
57	I	Total number of family bednights utilized in emergency shelters									
58	J	Percentage of family bednights utilized during month									
59	K	Daily in-house midnight census averaged per month									

	A	B	C	D	E
1	Table J				
2	Department of Health and Human Services				
3	Office of Medicaid Business and Policy				
4	Budget V. Actual Medical Expenditures				
5					
6	Medicaid Provider Payments				
7	(Provider Payments, Outpatient Hospital, Prescription Drugs)				
8		Budgeted	Expended	Excess/Shortfall	
9	Jul-10	\$39,993,309	\$33,128,193	\$6,865,117	
10	Aug-10	\$31,366,522	\$27,217,205	\$4,149,317	
11	Sep-10	\$29,767,312	\$28,937,820	\$829,492	
12	Oct-10	\$45,296,463	\$38,835,121	\$6,461,342	
13	Nov-10	\$31,396,117	\$33,748,683	(\$2,352,566)	
14	Dec-10	\$39,832,091	\$35,801,951	\$4,030,140	
15	Jan-11	\$30,221,733	\$30,163,199	\$58,535	
16	Feb-11	\$35,699,421	\$33,943,282	\$1,756,139	
17	Mar-11	\$34,924,328	\$33,744,762	\$1,179,565	
18	Apr-11	\$45,572,485	\$44,424,804	\$1,147,680	
19	May-11	\$33,094,590	\$33,316,425	(\$221,835)	
20	Jun-11	\$37,165,273	\$32,939,510	\$4,225,763	
21	Total	\$434,329,643	\$406,200,955	\$28,128,688	
22					
23					
24	SCHIP Premium Payments				
25		Budgeted	Expended	Excess/Shortfall	
26	Jul-10	\$1,440,667	\$1,439,293	\$1,374	
27	Aug-10	\$1,442,916	\$1,442,224	\$692	
28	Sep-10	\$1,451,391	\$1,451,391	\$0	
29	Oct-10	\$1,470,591	\$ -	\$1,470,591	
30	Nov-10	\$1,491,347	\$ 2,950,267	(\$1,458,920)	
31	Dec-10	\$1,506,915	\$ 1,500,874	\$6,041	
32	Jan-11	\$1,508,125	\$ 1,502,150	\$5,976	
33	Feb-11	\$1,508,125	\$ 1,502,150	\$5,976	
34	Mar-11	\$1,402,614	\$ 1,502,150	(\$99,536)	
35	Apr-11	\$1,425,273	\$ 1,526,309	(\$101,037)	
36	May-11	\$1,443,608	\$ 1,545,757	(\$102,150)	
37	Jun-11	\$1,605,306	\$1,708,625	(\$103,319)	
38	Total	\$17,696,878	\$18,071,190	(\$374,312)	
39					
40					
41	Notes:				
42	Provider Payments Appropriation reduced by \$2,910,092 for Step 3 Reductions				
43	Outpatient Hospital Appropriation reduced by \$700,000 for Step 3 Reductions				
44	SCHIP Premium for October Paid in November				

	A	B	C	D	E	F	G
1	DATA TABLES FOR CHARTS						
2							
3	Caseloads Vs Unemployment			Caseloads-Actual			
4		NH Unempl. Rate	Unduplicated Persons		FANF Persons Actual	Medicaid Persons Actual	
5							
6							
7	Jul-08	3.9%	125,236		Jul-08	10,539	103,667
8	Aug-08	4.2%	125,668		Aug-08	10,851	103,655
9	Sep-08	4.1%	126,083		Sep-08	10,911	103,944
10	Oct-08	4.1%	127,869		Oct-08	11,314	105,278
11	Nov-08	4.3%	128,291		Nov-08	11,630	105,153
12	Dec-08	4.6%	129,830		Dec-08	11,984	106,270
13	Jan-09	5.1%	131,088		Jan-09	12,347	106,833
14	Feb-09	5.3%	132,234		Feb-09	12,452	107,889
15	Mar-09	6.2%	134,457		Mar-09	12,515	109,952
16	Apr-09	6.3%	136,801		Apr-09	13,308	111,963
17	May-09	6.5%	137,510		May-09	13,230	112,211
18	Jun-09	6.8%	138,705		Jun-09	13,236	113,044
19	Jul-09	6.8%	140,420		Jul-09	13,377	113,861
20	Aug-09	6.9%	141,132		Aug-09	13,498	114,030
21	Sep-09	7.2%	142,381		Sep-09	13,771	114,862
22	Oct-09	6.8%	143,697		Oct-09	13,787	115,976
23	Nov-09	6.7%	144,519		Nov-09	13,927	116,291
24	Dec-09	6.9%	145,758		Dec-09	14,288	117,171
25	Jan-10	7.0%	146,491		Jan-10	14,392	117,326
26	Feb-10	7.1%	147,414		Feb-10	14,522	118,060
27	Mar-10	7.0%	149,065		Mar-10	14,587	118,926
28	Apr-10	6.7%	149,947		Apr-10	14,596	119,503
29	May-10	6.4%	150,236		May-10	14,244	119,197
30	Jun-10	5.9%	150,331		Jun-10	14,181	119,121
31	Jul-10	5.8%	150,572		Jul-10	13,920	118,831
32	Aug-10	5.7%	151,231		Aug-10	13,981	118,841
33	Sep-10	5.5%	151,609		Sep-10	14,065	119,213
34	Oct-10	5.4%	151,486		Oct-10	13,615	118,770
35	Nov-10				Nov-10		
36	Dec-10				Dec-10		
37	Jan-11				Jan-11		
38	Feb-11				Feb-11		
39	Mar-11				Mar-11		
40	Apr-11				Apr-11		
41	May-11				May-11		
42	Jun-11				Jun-11		
43							
44	Personnel Vacancy Rate						
45			Authorized	Filled	Vacant	PCT	
46							
47	Jun-08		3,341	3,107	234	7.0%	
48	Jul-08		3,344	3,095	249	7.4%	
49	Aug-08		3,344	3,081	263	7.9%	
50	Sep-08		3,344	3,095	249	7.4%	
51	Oct-08		3,344	3,126	218	6.5%	
52	Nov-08		3,347	3,144	203	6.1%	
53	Dec-08		3,347	3,152	195	5.8%	
54	Jan-09		3,347	3,150	197	5.9%	
55	Feb-09		3,351	3,142	209	6.2%	
56	Mar-09		3,353	3,128	225	6.7%	
57	Apr-09		3,353	3,118	235	7.0%	
58	May-09		3,353	3,102	251	7.5%	
59	Jun-09		3,353	3,081	272	8.1%	
60	Jul-09		3,353	3,066	287	8.6%	
61	Aug-09		3,353	3,040	313	9.3%	
62	Sep-09		3,334	3,021	313	9.4%	
63	Oct-09		3,338	2,909	429	12.9%	
64	Nov-09		3,337	2,902	435	13.0%	
65	Dec-09		3,337	2,893	444	13.3%	
66	Jan-10		3,337	2,886	451	13.5%	
67	Feb-10		3,337	2,887	450	13.5%	
68	Mar-10		3,337	2,877	460	13.8%	
69	Apr-10		3,337	2,873	464	13.9%	
70	May-10		3,337	2,857	480	14.4%	
71	Jun-10		3,344	2,862	482	14.4%	
72	Jul-10		3,344	2,818	526	15.7%	
73	Aug-10		3,344	2,802	542	16.2%	
74	Sep-10		3,344	2,795	549	16.4%	
75	Oct-10		3,341	2,800	541	16.2%	
76	Nov-10						
77	Dec-10						
78	Jan-11						
79	Feb-11						
80	Mar-11						
81	Apr-11						
82	May-11						
83	Jun-11						
84							